



Original communication

The comparison of disposal attitudes towards forensic psychiatric patients among police officers, psychiatrists and community members in China

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ABSTRACT

Objective: To understand disposal attitudes towards forensic psychiatric patients among police officers, psychiatrists and community members in China.**Method:** 118 community members, 121 psychiatrists and 105 police officers completed a questionnaire regarding disposal attitudes towards forensic psychiatric patients.**Result:** Surveyed respondents (87.4%) believed patients with mental disorders experienced discrimination, and 97.4% were in favor of providing livelihood security for them. Police officers (89.5%) agreed that patients with mental illness were more violent than the general population, which was significantly higher than 74.4% of psychiatrists ($\chi^2 = 14.29$, $P = 0.000$). Among three groups, the most preferred disposal option for those found not guilty by reason of insanity (NGRI) was to treat them in the custody of a forensic psychiatric hospital, such as an Ankang Hospital (86.9%). The respondents agreed (96.8%) that an independent review board should be established for disposing decisions for forensic psychiatric patients. The percentage who agreed that police officers, prosecutors, and judges should be included in the review board was significantly higher among police officers than among community members ($\chi^2 = 6.60$, $P = 0.01$; $\chi^2 = 9.74$, $P = 0.002$; $\chi^2 = 7.38$, $P = 0.007$). When asked, “who has the legal right to determine whether offenders with mental disorders should bear criminal responsibility”, forensic psychiatrists and judges were the top two responders (79.5% and 63.4%, respectively).**Conclusion:** This study suggested that the majority of those surveyed, especially police officers, held that patients with mental illness were violent and should receive violence risk assessments. Although psychiatrists paid more attention to the rights of patients, they also lacked legal knowledge, similar to community members and police officers. Therefore, it is necessary to inform the public regarding mental health, and to provide legal knowledge.

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1. Introduction

In China, approximately 16 million people are affected by a serious mental illness.¹ The attributable risk fraction of these patients to violent crime is 5.2%.² A multi-center research study involving 2333 patients with mental illness from 17 institutions in 15 different Chinese regions showed that 1151 (49.5%) patients had violent behavior and 995 (42.7%) had illegal behavior.³ Therefore, there are a great number of forensic psychiatric patients in China. Dealing with these forensic psychiatric patients has been a serious problem.

However, the current disposal model in China is unsatisfactory and cannot balance the safety of the public and the rights of patients with mental illness. Many offenders that were found not guilty by reason of insanity (NGRI) or to only have partial responsibility were sent home under their guardians' supervision, and 38.2%–68.9% of forensic psychiatric patients were treated in general psychiatric hospitals or Ankang hospitals, for long periods of time (some for more than 10 years).^{4–6} This is a very dangerous situation because patients with psychotic symptoms who do not receive treatment likely repeatedly commit crimes.⁷ A long hospitalization time is also not suitable, as the cost is too high.

Moreover, the laws and regulations regarding the disposal of these patients in China are far from perfect. Currently, the standard practice of dealing with forensic psychiatric patients is through the

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Chinese Criminal Law. However, details regarding what types of patients should receive treatment and for how long they should be treated are not mentioned. Although the Chinese Mental Health Law was recently adopted on October 26, 2012 and the amended Criminal Procedure Law proposing mandatory medical treatment was adopted on March 14, 2012, it will still take time to enforce these laws.

Studies on public attitudes towards patients with mental illness have gradually increased in number.⁸ However, the vast majority of surveys on attitudes towards patients with mental illness have been conducted in Western countries, and only a small number originated from the rest of the world.⁹ In addition, there has been very little research on public knowledge about, and disposal opinions towards, forensic psychiatric patients. The extent of which the public's attitude and disposal opinions towards forensic patients differ from the attitudes of other social groups remains unknown. Police officers are the first to respond to restore order when a person with a mental illness causes a disturbance. Psychiatrists, who take charge of treating patients with mental illnesses, are familiar with the progression of mental disorders. Thus, our study hopes to understand: (i) the attitudes of community members, police officers and psychiatrists regarding patients with mental illnesses and their disposal opinions towards forensic patients in China, and (ii) the difference in attitudes among the above-mentioned group members towards forensic patients.

2. Methods

2.1. Study sample

Psychiatrists were selected from the email lists of the Psychiatric Branch of the Chinese Medical Association and Chinese Medical Doctor Association. Two hundred emails were sent attached with invitations and self-report questionnaires. One hundred twenty one valid questionnaires were sent back. Police officers who escorted offenders that were suspected to be patients with mental illness to the Mental Health Institute of the 2nd Xiangya Hospital for mental health assessment were involved. Researchers distributed the questionnaires to individuals who volunteered to participate. One hundred and five police officers completed the questionnaires. Community members who were not police officers or psychiatrists and did not have family and friends who were mentally ill were recruited from a pilot community. Interviewers posted recruitment fliers in the community and then held a lecture. We distributed 200 copies of the questionnaires after the lecture, and 118 valid questionnaires were returned. A total of 344 participants were included in our study. The survey was conducted between October and December 2011.

2.2. Instruments

A self-report questionnaire of disposal attitudes towards forensic patients was used. The questionnaire was developed by a research team including three psychiatric experts. The three main sections of the questionnaire were: (i) general demographic and background information, (ii) attitudes towards patients with mental illness, and (iii) disposal opinions towards forensic patients. Respondents were asked to select the degree to which they agreed with the items (details are listed in Table 1). In addition, three multiple-choice questions were asked regarding the recent disposal situation, the members of review boards and the adjudication of offenders with mental illness.

2.3. Statistical analysis

Chi-square tests were used to compare differences between the three groups using SPSS version 17.0 software (SPSS Inc, Chicago,

IL). As the percentage of 'agree strongly' or 'disagree strongly' was small, we transformed ranked data to binary data by clustering 'agree strongly' and 'agree slightly' together and by clustering 'disagree strongly' and 'disagree slightly' together. Simple cross-tabulations were used to calculate proportions and their distributions in different groups. A P -value <0.05 was considered statistically significant, but when comparing between two groups, a P -value <0.0125 was considered statistically significant. Since the three groups differed significantly in several characteristics, we also used logistic regression analyses, with each questionnaire item as a dependent variable, and age, sex, marital status and education level as covariates to control for potential confounding factors.

3. Results

3.1. Demographic data

Of the 118 community members surveyed, 68 (57.6%) were male and 77 (65.3%) were single, and the mean age was 29 ± 8 years and the mean level of education was 15.4 ± 1.8 years. Of the 121 psychiatrists surveyed, 64 (52.9%) were male and 42 (34.7%) were single, and the mean age was 39 ± 9 years and the mean level of education was 16.6 ± 0.5 years. Of the 105 police officers surveyed, 96 (91.4%) were male and 32 (30.5%) were single, and the mean age was 33 ± 7 years and the mean level of education was 15.9 ± 0.7 years. The three groups differed significantly in age, sex, education, and marital status. In particular, community members were younger and a larger proportion was single, psychiatrists had a higher degree of education, and police officers included a larger proportion of men.

3.2. Attitudes towards patients with mental illness (Table 1)

Respondents agreed (87.4%) that patients with mental illness experienced discrimination, and the percentage of psychiatrists who agreed was significantly higher than community members and police officers ($X^2 = 13.59$, $P = 0.000$; $X^2 = 12.11$, $P = 0.000$). Logistic regression analyses showed that after controlling for age, sex, marital status and education, the difference between psychiatrists and other groups was still significant ($P = 0.005$). Respondents agreed (93.9%) that patients with mental disorders were treatable, and the percentage of psychiatrists who agreed was significantly higher than community members and police officers ($X^2 = 6.89$, $P = 0.009$; $X^2 = 10.41$, $P = 0.001$). After controlling for age, sex, marital status and education, the difference between psychiatrists and other groups was still significant ($P = 0.024$).

89.5% of police officers agreed that patients with mental illness were more violent than the general population, which was significantly higher than psychiatrists (74.4%) ($X^2 = 14.29$, $P = 0.000$). Police officers (83.7%) agreed that all patients with mental illness should be assessed for risk of violence, which was significantly higher than 66.7% of community members. After controlling for age, sex, marital status and education, the differences among the three groups were still significant ($P = 0.015$; $P = 0.008$).

3.3. Disposal attitudes towards forensic patients (Table 1)

Respondents (86%) agreed that it was troublesome to manage forensic psychiatric patients and that separate legislation should be drawn up on the disposal of forensic psychiatric patients.

Respondents (97.4%) agreed that a specific controlled community network needed to be established for the rehabilitation of forensic psychiatric patients. However, only 55.1% of respondents agreed that forensic psychiatric patients could receive treatment in the community.

Table 1
Attitudes towards patients with mental illness and the disposal opinion for forensic patients(%).^a

Items	Total number (N = 344)	Community members (N = 118)	Psychiatrists (N = 121)	Police officers ^a (N = 105)	χ^2	P
1 Mental patients experience discrimination	298(87.4)	95(81.9) ^b	116(96.7) ^c	87(82.9)	14.51	0.001
2 Patients with mental disorders are treatable	323(93.9)	109(92.4) ^b	120(99.2) ^c	94(89.5)	9.86	0.007
3 Mental patients should receive social security and free medical care	334(97.4)	113(95.8)	119(98.3)	102(98.1)	1.85	0.40
4 Mental patients are more violent than the general population	275(80.4)	91(78.4)	90(74.4) ^c	94(89.5)	8.61	0.01
5 All mental patients should receive violence risk assessments	255(74.6)	78(66.7)	90(74.4)	87(83.7) ^d	8.38	0.02
6 It is difficult to manage forensic psychiatric patients	294(86.0)	95(81.2)	105(87.5)	94(89.5)	3.54	0.17
7 Separate legislation should be created regarding the disposal of forensic psychiatric patients	293(86.9)	101(86.3)	103(85.1)	89(89.9)	1.15	0.56
8 Forensic psychiatric patients can receive treatment in the community	188(55.1)	60(50.8)	70(58.8)	58(55.8)	1.55	0.46
9 A specific controlled community network needs to be established for the rehabilitation of forensic psychiatric patients	335(97.4%)	115(97.5)	118(97.5)	102(97.1)	0.04	0.98
10 How to dispose offenders found not guilty by reason of insanity						
10.1 Send home under their guardians' surveillance	20(5.8)	11(9.3) ^b	2(1.7)	7(6.7)	6.62	0.04
10.2 Treat them in the custody of a forensic psychiatric hospital, such as an Ankang hospital	299(86.9)	95(80.5)	107(88.4)	97(92.4) ^d	7.26	0.03
10.3 Guardians should forcibly send them to a general psychiatric hospital	205(59.6)	66(55.9)	72(59.5)	67(63.8)	1.43	0.49
10.4 They can choose voluntary treatment in a hospital or as an outpatient	23(6.7)	12(10.2)	3(2.5)	8(7.6)	5.87	0.06
10.5 Treat them in prison	73(21.2)	19(16.1)	26(21.5)	28(26.7)	3.72	0.16
11 An independent review board should be established for disposing decision of forensic psychiatric patients	331(96.8)	110(94.0)	120(100)	101(96.2)	7.88	0.10
12 Review board should consist of						
12.1 Lawyer	228(66.3)	87(73.7)	90(74.4) ^c	51(48.6) ^d	21.21	0.000
12.2 Psychiatrist	268(77.9)	95(80.5)	91(75.2)	82(78.1)	0.98	0.61
12.3 Forensic psychiatrist	313(91.0)	107(90.7)	115(95.0)	91(86.7)	4.83	0.09
12.4 Family member of mental patients	173(50.3)	58(49.2)	61(50.4)	54(51.4)	0.12	0.94
12.5 Police officer	168(48.8)	46(39.0)	63(52.1)	59(56.2) ^d	7.36	0.03
12.6 Prosecutor	157(45.6)	45(38.1)	50(41.3) ^c	62(59.0) ^d	11.20	0.004
12.7 Judge	169(49.1)	46(39.0)	63(52.1)	60(57.1) ^d	7.98	0.02
12.8 Non-professional	44(12.8)	18(15.3)	19(15.7)	7(6.7)	5.09	0.08
13 Who has the legal right to determine whether offenders with mental disorders should bear criminal responsibility?						
13.1 Forensic psychiatrist	272(79.5)	98(83.1)	86(71.1) ^c	88(85.4)	8.42	0.02
13.2 Police officer	50(14.5)	18(15.3)	14(11.6)	18(17.1)	1.48	0.48
13.3 Judge	218(63.4)	79(66.9)	83(68.6) ^c	56(53.3)	6.63	0.04
13.4 Prosecutor	62(18.0)	23(19.5)	17(14.0)	22(21.0)	2.08	0.35

^a Grouped responses (agree strongly + agree slightly).

^b Community members vs psychiatrists (P -value <0.0125).

^c Psychiatrists vs police officers (P -value <0.0125).

^d Police officers vs community members (P -value <0.0125).

Among the three groups, the most favorable disposal opinion of NGRI patients was treating them while in the custody of forensic psychiatric hospitals, such as an Ankang Hospital (86.9%), followed by their guardians forcibly sending them to general psychiatric hospitals (59.6%). Only approximately 6% of respondents agreed to send them home under the surveillance of their guardians or for them to receive voluntary treatment in a hospital or as an outpatient.

Respondents (96.8%) agreed that an independent review board should be established for making disposing decisions for forensic psychiatric patients. Forensic psychiatrists, psychiatrists, and lawyers were the top three preferred review board members (91.0%, 77.9%, and 66.3%, respectively). Approximately 50% of respondents held that family members, police officers, prosecutors, or judges should be included in the review board. Only 12.8% of respondents believed non-professionals should be included. Among the three groups, the percentage of police officers who agreed that lawyers should be included in the review board was significantly lower than the percentage of community members and psychiatrists ($\chi^2 = 14.91$, $P = 0.000$; $\chi^2 = 15.96$, $P = 0.000$). The percentage of police officers who agreed that police officers, prosecutors, and judges should be included in the review board was significantly higher than the percentage of community members ($\chi^2 = 6.60$, $P = 0.01$; $\chi^2 = 9.74$, $P = 0.002$; $\chi^2 = 7.38$, $P = 0.007$).

When asked, "who had the legal right to determine whether offenders with mental disorders should bear criminal responsibility",

forensic psychiatrists and judges were the top two responders (79.5% and 63.4%, respectively). Less than 20% of respondents agreed that police officers and prosecutors had these legal rights. Police officers (85.4%) preferred to let forensic psychiatrists have the right compared to 71.1% of psychiatrists ($\chi^2 = 6.62$, $P = 0.01$). Psychiatrists (68.6%) tended to allow judges to have the right compared to 53.3% of police officers ($\chi^2 = 5.53$, $P = 0.019$).

4. Discussion

In recent years, attitude research in psychiatry has made considerable progress. The majority of the public consider people with mental disorders as in need of help,^{10,11} which was similar to our results. We found that a majority of community members believed that patients with mental illness suffer discrimination and were in favor of providing social security and free medical care for them. Police officers had attitudes very similar to those of the general public. More psychiatrists agreed that patients with mental illness experienced discrimination and were treatable than community members and police officers. Psychiatrists spend the most time contacting and treating patients with mental illness. As face-to-face contact has positive effects on reducing the stigma for patients with a mental illness,¹² this could explain the above result.

However, a substantial portion of the population perceives patients with mental illness to be unpredictable and dangerous and react to these patients with fear. There is an observable tendency to

distance oneself from people with mental disorders.^{9,13,14} Police officers also fear the mentally ill, believing that most of them are unpredictable and violent.^{15–17} Our survey showed that a majority of respondents, especially police officers, held that patients with mental illness were violent and should receive violence risk assessments. It is possible that police officers' attitudes are derived from experiences with psychiatric patients who displayed violent behavior. Police officers rarely make contact with individuals with mental disorders who are aware of their illness and are consequently less aggressive. Are patients with a mental illness more violent than the general population? It is hard to say. According to recent studies with large samples, severe mental illness did not independently predict future violent behavior. Substance abuse, environmental stressors, and a history of violence were the most important risk factors associated with violence.^{18,19} Thus, there is a critical need for more public knowledge of mental health problems.

Most respondents agreed that it was difficult to manage forensic patients and agreed that separate legislation should be created for the disposal of forensic psychiatric patients. However, the present situation in China is not promising for forensic patients' medical treatment, as we have mentioned before. How should forensic patients receive treatment? Should treatment be voluntary or involuntary, and should treatment be conducted in a hospital, in prison or at home? Our research demonstrated that few participants believed that forensic patients would voluntarily receive treatment or could be sent home under the supervision of their guardian. Most people, especially police officers, held that forensic patients should be treated in the custody forensic psychiatric hospital, such as an Ankang Hospital.

However, there is a shortage of medical resources available to forensic patients. The increase in forensic psychiatric beds is small in China in contrast to the substantial increases in Europe.²⁰ Although there are 25 Ankang hospitals with more than 7000 beds and approximately 2958 staff in China,²¹ many patients do not have access to proper treatment. Therefore, to make use of the scant available resources, mental health services have been transformed from hospital-centered services to integrated community-based services. In our study, we found that half of the respondents were opposed to letting forensic patients receive treatment in the community. However, if a relatively controlled community network has been established, then 97% of respondents agreed with a community-based recovery for forensic patients. Therefore, relatively controlled community treatment programs for forensic patients may be accepted in China.

In Western countries, an independent judicial body for detained patients has been established, such as the Mental Health Review Tribunal or Review Board. Each Tribunal panel consists of at least a psychiatrist and a judge, or a person who is qualified to be a judge.²² All Tribunal members have extensive experience in mental health. China still does not have this type of review board. In our study, we found that almost all respondents agreed to allow an independent review board to make disposing decisions for forensic psychiatric patients. Most participants agreed that forensic psychiatrists should be on this panel, while only half were in favor of including judges. Additionally, police officers tended to include members of the justice system (such as a police officer, prosecutor and judge) on the review board, while community members and psychiatrists were more in favor of including lawyers. These differences might come from the following reasons: community members and psychiatrists believed that lawyers could represent patients' rights, while police officers thought that members of the justice system would be more impartial than lawyers.

Most community members and police officers believed that forensic psychiatrists, followed by judges, had the legal right to determine whether offenders with mental illness should bear

responsibility or not. More psychiatrists were in favor that judge determined offenders' responsibility than police officers group. According to civil law, forensic psychiatrists are responsible for providing expert knowledge to judges on matters such as the patients' mental state when committing a crime, but it is not suitable to allow forensic psychiatrists to have the adjudication. The above results reflect the poor understanding of relevant legal knowledge. Currently, if a forensic psychiatric assessment shows that a patient is unable to recognize or control his own conduct, then police officers may send the patient home under the supervision of the patient's guardian. Although only 14.5% of respondents agreed that a police officer could make the final decision, the police office is currently the main judicial office in China to disposal offenders with mental disorders.⁵ Because the amended Criminal Procedure Law was enacted on January 1, 2013, the situation will improve.

There were several limitations to this study. First, the sample size of the present study was small. Second, convenience samples, instead of representative samples, were used in our study, which might increase the sampling error; in the future, we could extend the study to a larger and more representative community. Third, the survey questions were developed for this study and included novel terms, such as "forensic psychiatric patients". However, these terms were explained at the beginning of the questionnaires, as the use of these novel terms could have increased the difficulty of the survey.

5. Conclusion

This study suggested that the majority of those surveyed, especially police officers, held that patients with mental illness were violent and should receive violence risk assessments. Respondents believed that forensic patients should receive involuntary treatment in the custody of forensic psychiatric hospitals. Moreover, relatively controlled community treatment programs could be accepted in China. Although psychiatrists paid more attention to the rights of patients, they also lacked legal knowledge, similar to community members and police officers. Therefore, it is necessary to inform the public regarding mental health, to provide legal knowledge, and to promote the implementation of Chinese Mental Health Law and the amended Criminal Procedure Law. Our knowledge of public attitudes towards forensic psychiatric patients can also help us improve current treatment deficiencies.

Ethical approval

This research was approved by the Ethics Committee of Second Xiangya Hospital of Central South University.

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Conflict of interest

All authors declared no conflict of interest.

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